



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-03)

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission
(excluding references)

19

Application Number

10/760,132

Filing Date

January 15, 2004

First Named Inventor

Stephen D. Pacetti

Group Art Unit

1773

Examiner Name

Vivian Chen

Attorney Docket Number

50623.00435

ENCLOSURES (check all that apply)

☒ Deposit Account 07-1850
Authorization

☒ Postage Paid Return Postcard

☒ Response

☒ Amendment Transmittal Letter (in
duplicate)

☐ Affidavits/declaration(s)

☒ Petition for Extension of Time (3
months) (in duplicate)

☐ Information Disclosure Statement
with Form PTO-1449

☒ Express Mail Label No.
EV721155188US

☐ Certified Copy of Priority
Document(s)

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53

☐ Assignment Papers
(for an Application)

☐ Drawing(s) In/Formal ___ Sheets with
Submission of Drawings Transmittal

☐ Issue Fee Transmittal with PTO-85b
(in duplicate)

☐ Request for Continued Examination
Transmittal (RCE)

☒ Fee Transmittal Form (in duplicate)

☐ Power of Attorney, Revocation
Change of Correspondence Address

☒ Terminal Disclaimer (in duplicate)

☐ Application Data Sheet (___ pages)

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to
Group

☐ Appeal Communication to Board of
Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Request for Status of Application

☐ Other Enclosure(s)
(please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Squire, Sanders & Dempsey L.L.P.
Cameron K. Kerrigan, Reg. No. 44,826

Signature

Date

July 11, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 11, 2005

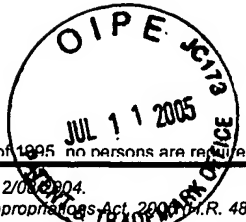
Typed or printed name

Signature

Mary M. Padilla

Date

July 11, 2004



Effective on 12/01/2004.

Fees pursuant to the Consolidated Appropriations Act, 2004 (P.L. 108-447, R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
3270.00**Complete if Known**

Application Number	10/760,132
Filing Date	01/15/2004
First Named Inventor	Stephen Pacetti
Examiner Name	Vivian Chen
Art Unit	1773
Attorney Docket No.	50623.00435

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 07-1850 Deposit Account Name: Squire, Sanders & Dempsey

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
65	20 or 34	33	1650.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
8	3 or 5	3	600.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension for Response Within Third Month

Fees Paid (\$)

1020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,826	Telephone (415) 954-0200
Name (Print/Type)	Cameron K. Kerrigan		Date July 11, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.